PART B - FEE(S) TRANSMITTAL

Complete and send the	nis form, together w	pplicable fe	e(s), to: Mail	Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450							
_ \ 2	m should be used for trans	mitting the ISSIII	or <u>Fax</u>	(571) 273-2885	ired) Blocks 1 through 5	should be completed where					
approvidate All further Cert	respondence including the I selow or directed otherwise	Patent advance ord	ers and notification	of maintenance fees v	will be mailed to the current	t correspondence address as arate "FEE ADDRESS" for					
<u>)</u>	E ADDRESS (Note: Use Block 1 for: 90 01/17/2006	any change of address)		Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.							
Suite 400 101 S. Salina St.	A & BILINSKI LLP			I hereby certify that this Fe being deposited with the US with sufficient postage as E.	Postal Service date indicated l	, d					
Syracuse, NY 1320	2 Ex	press Mail Label No. EV	7676905688US	Barbara A. Saltsman (Depositor's name (Signature)							
			į	Jaillie	(Signature)						
			/	[April 17,							
APPLICATION NO.	FILING DATE	F	IRST NAMED INVE		ATTORNEY DOCKET NO.	CONFIRMATION NO.					
10/613,208 TITLE OF INVENTION: IN	07/03/2003 IAGING MODULE FCR O	PTICAL READER	Charles P. Barbo		283-263 CON	4590					
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE					
nonprovisional	NO	\$1400		\$300	\$1700	04/17/2006					
EXAM	ART UNI	T C	LASS-SUBCLASS]							
FRECH, I	KARL D	2876		235-462430							
☐ "Fee Address" indicati	e address or indication of "Feence address (or Change of 622) attached. ion (or "Fee Address" Indicator more recent) attached. Use	Correspondence	(1) the names of or agents OR, alto (2) the name of a registered attorne 2 registered pater	reprinting on the patent front page, list the names of up to 3 registered patent attorneys ents OR, alternatively, the name of a single firm (having as a member a tered attorney or agent) and the names of up to istered patent attorneys or agents. If no name is a no name will be printed.							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment FC:1501 (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATEGOFF COOD TRY) Hand Held Products; Inc. Skaneateles Falls, NY											
Please check the appropriate	assignee category or categor	ries (will not be pri	nted on the patent):	☐ Individual 🖺 C	orporation or other private ga	roup entity Government					
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):											
Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.											
Advance Order - # of	Copies 10			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to reposit Account Number 50-0289 (enclose an extra copy of this form).							
5. Change in Entity Status	(from status indicated above)									
	MALL ENTITY status. See				LL ENTITY status. See 37 (
The Director of the USPTO i NOTE: The Issue Fee and Pu interest as shown by the reco	is requested to apply the Issu iblication Fee (if required) w rds of the United States Pate	rill not be accepted at and Trademark (from anyone other Office.	than the applicant; a reg	ly paid issue fee to the application istered attorney or agent; or the application is the	the assignee or other party in					
Authorized Signature	Usa SRI	اسوا		Date A	pril 17, 2006						
Typed or printed name _	George S. Bla	asiak		Registration	No. 37,283						
This collection of informatio an application. Confidentiali submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313- Under the Paperwork Reduct	1430.										

			Under the Paperwo	ork Reduction Act	of 1995 no persons a	are required	to respond to a coll	ection of inf	demark Office; formation unless	it display	AK IMEN s a valid C	T OF COMMERCE OMB control number	
F5C pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).						Complete if Known							
FEE TRANSMITTAL					Application Number 10/613,208								
For FY 2006					Filing Date July 3, 2003				2003				
					First Named Inventor Charles P. Barbe				P. Barber	r			
					Examiner Name Karl D. Free			Frech					
Applicator claim	Applicate claims small entity status. See 37 CFR 1.27				Art Unit		_	2876					
MOUNT OF PAYMENT			\$2,180.00		Attorney Docket No.			283-263 Con					
Express Mail Lab	el No.	EV676905688US											
		NT (check all that											
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):													
Deposit Account Deposit Account Number: 50-0289 Deposit Account Name: Wall Marjama & Bilinski LLP													
For the a		dentified deposit a		Director is h	ereby autho	rized to	: (check all	that ap	ply)				
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee													
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FEE CALCULA	TION										-	-	
1. BASIC FILIN	G, SEA	ARCH, AND EXA	AMINATIO	N FEES									
		FILIN	IG FEES	SI	EARCH FE	ES	EXAM	INATIO	N FEES				
Application Type	:	Fee (\$)	Small Enti Fee (\$)	fee (\$) Small Fee		Fee (\$)		all Entity ee (\$)	Fees Paid (\$)		s Paid (\$)	
Utility		300	150	500			200		100	1			
Design		200	100	100	5	0	130		65				
Plant		200	100	300			160		80				
Reissue		300	150	500			600		300				
Provisional		200	100	0	(<u> </u>	0		0				
2. EXCESS CLA	IM FE	EES										Small Entity	
Fee Description										Fee	: (\$)	Fee (\$)	
Each claim over 20 (including Reissues)									50		25		
Each independent claim over 3 (including Reissues)										200		100	
Multiple depende	nt clain	ns								360		180	
Total Claims			Extra Clair	ns	Fee (\$)	1 [Fee Pa	aid (\$)			pendent	
		- 20 or HP =		X			=			Clain Fee (S		Fee Paid (\$)	
		- 20 OF HP =	 	- X				-		1.66	<i>9 1</i>	recraiu(3)	
HP= highest paid n	umber o	of total claims paid for	or, if greater th	han 20		$\overline{}$		<u> </u>					
Indep. Claims			Extra Clair		Fee (\$)			Fee Paid (\$)					
		- 3 or HP =		х		=		<u></u>					
HP =highest number	er of ind	ependent claims pai	d for, if greate	er than 3									
3. APPLICATIO	ON SIZ	E FEE			 								
If the specification application size fee	and drag	wings exceed 100 sh \$250 (\$125 for small	neets of paper I entity) for ea	ch additional	50 sheets or	fraction	thereof. See	35 U.S	.C. 41(a) (er 37 C 1)(G) a	FR 1.5 nd 37	CFR 1.16(s).	
Total Sheets Extra Sheets Number of			of each additional 50 or fraction thereof Fee				Fee (\$)	2		Fee Paid (\$)			
					and up to a whole number) x							Face Date	
4. OTHER FEE												Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)										62.100.00			
Other Issue/Publication/Advance Order Fees (\$1,730) and Extra Claims Fee (\$450) \$2,180.00													
SUBMITTED B Signature	SY	عکم د	5 B.Ca				Registration		283	Telep	hone 1	315-425-9000	
(Attorney/Agent)					te April 17, 2006								
Name (Print/Type)	1	George S. Blasiak								Date	Aprii	1 /, 2000	

Name (Print/Type)